

**APPROVAL OF APPLICATION FOR ALCOHOLIC BEVERAGES LICENSES
FROM THE LOCAL ABC ADMINISTRATOR**

TO: COMMONWEALTH OF KENTUCKY
DEPT. OF ALCOHOLIC BEVERAGE CONTROL
1003 TWILIGHT TRAIL
FRANKFORT, KENTUCKY 40601-8400

Telephone (502) 564-4850

Fax (502) 564-1442

<http://www.abc.ky.gov>

This is to certify that the application of _____
(List the exact name the license is to be issued under)

for a _____ License(s)
(List each type of ABC license(s) applied for)

Enter the effective date the license(s) begins _____.

and enter the date the license(s) shall expire _____.

The license(s) is to be located at _____.
(exact address of premises to be licensed)

In the city of _____, Kentucky.

Has been ☐ approved or ☐ disapproved on this _____, _____, _____
(day) (month) (year)

Administrator's Signature _____

The Local Alcoholic Beverage Control Administrator for the:

☐ the City of _____ or the ☐ the County of _____
(Check one)

(IMPORTANT NOTICE)

Applicants must make arrangements to have this approval faxed or forwarded to the Commonwealth of Kentucky, Dept. of ABC Office in Frankfort or attach this certificate to the application for state license and forward to:

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Fax to: (502) 564-1442